



2006 Science Professional Development Registration Form

(Duplicate as Necessary)

Workshop Contact:

Mail/Fax to:

Sessions fill on a first-come basis. Register early to secure your place.

Workshop Title	Date	Location	Registration Fee
			\$250.00

Contact Information:

Teacher: _____
District: _____
School: _____
Grade Level/Subject: _____
Home Address: _____

City: _____ Zip: _____
Home phone: _____
School phone: _____
Fax number: _____
e-mail: _____

Commitment to Attend & District Approval:

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: _____

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # _____ enclosed **OR**

☐ **SCHOOL** _____ **OR**
Principal

☐ **DISTRICT** _____
District Representative

**Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to this Address

Return this completed registration form and your refundable deposit check to the workshop contact listed above.

A separate registration form must be submitted for each workshop you plan to attend.